



April 28, 2020

Adding the CR Modifier and DR Condition Code for COVID-19 Claims

During Governor Wolf's COVID-19 Disaster Declaration, **all claims that are related to the declaration must be tracked.**

This guidance applies to claims for **dates of services March 1, 2020, until the end of the emergency disaster declaration and any extensions thereto for Medical Assistance Physical Health and Behavioral Health Fee-for-Service claims and Managed Care Organization encounters.** Providers should follow this guidance for any claims for dates of service March 1, 2020, submitted after April 15, 2020. If a provider has already submitted a claim, there is no need to resubmit the claim.

Submitting Claims

Providers submitting medical claims, such as physicians or suppliers who submit claims using the ASC X12 837 professional claim format or a professional paper claim form CMS-1500 must use a CR (catastrophe/disaster related) modifier on the detail line to identify services that are or may be impacted by specific policies, as specified below, related to the COVID-19 emergency disaster declaration.

Aetna Better Health of Pennsylvania and Aetna Better Health Kids requires providers billing medical claims in the institutional format, either by ASC X12 837 institutional claim format or on an institutional paper form, to identify claims as specified below related to the COVID-19 disaster with a DR (disaster related) condition code.

Below is a list of services and links to the guidance issued by DHS where the DR condition code or the CR modifier must be present on the claim:

- [Telehealth Guidelines Related to COVID-19](#)
- [Teledentistry Guidelines Related to COVID-19 for Dentists, Federally Qualified Health Centers and Rural Health Clinics](#)
- [Telemedicine Guidelines Related to COVID-19](#)
- [When bypassing the prior authorization requirements for CT scans for COVID-19 patients.](#)
- [When providing services at alternate sites.](#)

- For services that otherwise would have required prior authorization but [due to the COVID-19 emergency disaster declaration do not require prior authorization or the authorization has been extended.](#)
- For services that would have otherwise required copays for COVID-19 services.
- Due to non-enrolled ordering, referring or prescribing provider.
- When the provider is not yet enrolled as a new provider or is enrolled past their revalidation date.
- When Home Health or Durable Medical Equipment or Supplies are prescribed by a non-physician

This guidance does not pertain to providers who are submitting claims for home and community-based waiver services. Waiver providers providing services for the Office of Developmental Programs should follow recently issued guidance regarding the tracking of COVID-19 related expenses. Waiver providers providing services for the Office of Long-Term Living should follow OLTL guidance on tracking COVID-19 related expenses.

If you have any questions regarding COVID-19 related services or coding, just call your Provider Relations Rep or Provider Services at 1-866-638-1232.